

MOTOR SURVEY ASSIGNMENT

Date	13-02-2020	Our Ref No. D20000980MFSH
Accident Date	11-02-2020	Claim Type. Third Party
Insured Vehicle	SHC8947E	Third Party Vehicle. SHB8806J
Survey Location	23 CHANGI SOUTH AVENUE 2 #01-02	
Contact Person.	VINCENT CHUA	
Contact No.	62148880/ 0	Fax No. 62141511
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	PREMIER AUTOMOTIVE SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.